

This is a confidential document and will be handled by the Director only.

## FACULTY FEEDBACK FORM

**Objective:** The purpose of this feedback is to further improve the performance of the faculty with your cooperation. Kindly play the role of a counselor rather than that of a judge. Your assessment should be unbiased and objective.

Please rate the faculty who have been associated with your class room teaching on a 6 point scale, ranging from 6 (very high rating) to 1 (very low rating). Indicate the rating on various attributes\* and overall competence.

<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Excellent</b>	<b>Very Good</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Very Poor</b>

Topic	Name of the faculty	A	B	C	D	E	F	G	Total

\*Attributes:

- A : Knowledge
- B : Communication Skills
- C : Giving Assignments / Exercises / Projects / Quiz etc.
- D : Interactive approach / Encouraging students to ask questions & to participate actively in the class
- E : Accessibility / Involvement of the faculty outside the class
- F : Interest generated by the faculty in the course / programme
- G : Control over the class

Note: Do not write your Name of Roll No. Anywhere on the form  
Please write suggestions (if any), for improvement overleaf.